

DOMAIN	MHSIP	YSS	YSS-F
SATISFACTION	I like the services that I received here.#	Overall, I am satisfied with the services I received.#	Overall, I am satisfied with the services my child received.#
	If I had other choices, I would still get services from this agency.		
	I would recommend this agency to a friend or family member.		
		The people helping me stuck with me no matter what.	The people helping my child stuck with us no matter what.
		I felt I had someone to talk to when I was troubled.	I felt my child had someone to talk to when he/she was troubled.
		I received the services that were right for me.	The services my child and/or family received were right for us.
		I got the help I wanted.	My family received the help we wanted for my child.
		I got as much help as I needed.	My family received as much help as we needed for my child.
ACCESS TO SERVICES	The location of services was convenient (parking, public transportation, distance, etc.)	The location of services was convenient.	The location of services was convenient for us.
	Staff was willing to see me as often as I felt it was necessary.#		
	Staff returned my calls in 24 hours.		
	Services were available at times that were good for me.	Services were available at times that were convenient for me.	Services were available at times that were convenient for us.
	I was able to get all the services I thought I needed.#		
	I was able to see a psychiatrist, clinician or therapist when I wanted to.		
QUALITY/APPROPRIATENESS	Staff here believes that I can grow, change and recover.#		
	I felt free to complain.		
	I was given information about my rights.		
	Staff encouraged me to take responsibility for how I live my life.		
	Staff told me what side effects to watch out for.		
	Staff respected my wishes about who is and who is not to be given information about my treatment.		
	Staff was sensitive to my cultural background (race, religion, language, etc.)		
	Staff helped me obtain the information I needed so that I could take charge of managing my illness.#		
	I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.)		
PARTICIPATION	I felt comfortable asking questions about my treatment and/or medication.#	I was actively involved in my treatment.#	I was frequently involved in my child's treatment.#
	I, not staff, decided my treatment goals.#		
		I helped to choose my treatment goals.#	I helped to choose my child's treatment goals.#
		I helped to choose my services.#	I helped to choose my child's services.#
OUTCOMES	I deal more effectively with daily problems.#	I am better at handling daily life.#	My child is better at handling daily life.
	I am better able to control my life.#		
	I am better able to deal with crisis.#	I am better able to cope when things go wrong.#	My child is better able to cope when things go wrong.
	I am getting along better with my family.	I get along better with family members.	My child gets along better with family members.
	I do better in social situations.	I get along better with friends and other people.	My child gets along better with friends and other people.
	I do better in school and/or work.	I am doing better in school and/or work.	My child is doing better in school and/or work.
	My housing situation has improved.		
	My symptoms are not bothering me as much.		
		I am satisfied with my family life right now.	I am satisfied with our family life right now.
CULTURAL SENSITIVITY		Staff treated me with respect.	Staff treated me with respect.
		Staff respected my family's religious/spiritual beliefs.	Staff respected my family's religious/spiritual beliefs.
		Staff spoke with me in a way that I understood.	Staff spoke with me in a way that I understood.
		Staff was sensitive to my cultural/ethnic background.	Staff were sensitive to my cultural/ethnic background.

CRIMINAL JUSTICE	Have you been receiving MH services for more than a year?	Were you arrested during the past 12 months?*	Has your child been receiving mental health services for more than a year?
	If yes - Were you arrested in the last 12 months?	Were you arrested during the 12 months prior to that?*	If yes - Was your child arrested during the last 12 months?
	Were you arrested in the 12 months prior to that?		Was your child arrested during the prior 12 months?
	Over the last year, have your encounters with the Police (a) been reduced (for example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program) or, (b) stayed the same, (c) increased, (d) not applicable (I had no Police encounters this year or last year.		Over the last year, has your child's encounters with the Police (a) been reduced (for example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program) or, (b) stayed the same, (c) increased, (d) not applicable (they had no Police encounters this year or last year).
	If no - Have you been arrested since you started receiving mental health services?		If no - Have they been arrested since they started receiving mental health services?
	Were you arrested during the 12 months prior to beginning mental health services?		Were they arrested during the 12 months prior to beginning mental health services?
	Since you began to receive mental health services, have your encounters with the Police has (a) been reduced (for example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program) or, (b) stayed the same, (c) increased, (d) not applicable (I had no Police encounters either before or after beginning mental health services).		Since your child began to receive mental health services, have their encounters with the Police (a) been reduced (for example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program) or, (b) stayed the same, (c) increased, (d) not applicable (they had no Police encounters either before or after beginning mental health services).
SCHOOL ATTENDANCE		Were you expelled or suspended during the past 12 months?*	Has your child been receiving mental health services for more than a year?
		Were you expelled or suspended during the 12 months prior to that?*	If yes , Was your child expelled or suspended during the last 12 months?
		Since starting to receive services, the number of days I was in school is: greater, about the same , less, does not apply.*	Was your child expelled or suspended during the 12 months prior to that?
			During the last 12 months, the number of days my child was in school is (a)greater, (b)about the same, (c) less, (d) does not apply (select reason)- child did not have a problem with attendance before starting services, child is too young to be in school, child was expelled from school, child is home schooled, child dropped out of school, or other (list)-----
			If no , Was your child expelled or suspended since beginning services?
			Was your child expelled or suspended during the 12 months prior to that?
			Since starting to receive services, the number of days my child was in school is (a)greater, (b)about the same, (c)less, (d) does not apply (select reason)- child did not have a problem with attendance before starting services, child is too young to be in school, child was expelled from school, child is home schooled, child dropped out of school, or other (list)-----
SOCIAL CONNECTEDNESS- As a result of the services I/my child received...			
	I am happy with the friendships I have.		I know people who will listen and understand me when I need to talk.
	I have people with whom I can do enjoyable things.		I have people that I am comfortable talking with about my child's problems.
	I feel I belong in my community.		In a crisis, I would have the support I need from family or friends.
	In a crisis, I would have to support I need from family or friends.		I have people with whom I can do enjoyable things.
IMPROVED FUNCTIONING - As a result of the services I/my child received...			
	I do things that are more meaningful to me.		My child is better able to do things he/she wants to do.
	I am better able to take care of my needs		My child is better at handling daily life (moved from Outcomes).
	I am better able to handle things when they go wrong.		My child gets along better with family members (moved from Outcomes).
	I am better able to do things that I want to do.		My child gets along better with friends and other people (moved from Outcomes).
	My symptoms are not bothering me as much (moved from Outcomes).		My child is doing better in school and/or work (moved from Outcomes).
			My child is better able to cope when things go wrong (moved from Outcomes).

Italicized modules and questions are new or have been moved from another module.
#CLIENT
PERCEPTION OF CARE
*Pilot questions-
YSS